

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
101749593
APPLICANT(S)

FILING DATE

44-3125 CLAIMS

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
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TOTAL IND.				5		
TOTAL DEP.				1		
TOTAL CLAIMS				6		

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	IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					